

## **Accomack County Building & Zoning Residential Addition for Carports**

- Building Permit Application**
- Tax Form**
- Detailed Site Plan (See Example Included)**
- Zoning Approval/Town Zoning if in an Incorporated Town**
- Contractor's License Information/Owner's Affidavit**
- Building Permit Fees**
- Two Sets of Building Plans**
- Health Department Approval**
- E&S may or may not be required depending the size of the project of if it is in the RPA**
- FEC certificate may or may not be required depending on the job**

# BUILDING PERMIT APPLICATION



BUILDING AND ZONING DEPARTMENT (757) 787-5721  
 COUNTY OF ACCOMACK, VIRGINIA  
 23296 COURTHOUSE AVENUE, RM 105 (757) 824-5223  
 P. O. BOX 93  
 ACCOMACK, VIRGINIA 23301 FAX (757) 787-8948

**County Use Only**

Permit No. \_\_\_\_\_

Zoning: \_\_\_\_\_

Floodplain: Yes \_\_\_\_\_ No \_\_\_\_\_

Bayside \_\_\_\_\_ Seaside \_\_\_\_\_

CAPA RMA \_\_\_\_\_ RPA \_\_\_\_\_

Permit Fee: \$ \_\_\_\_\_

Paid: \_\_\_\_\_

**ALL INFORMATION MUST BE PROVIDED PRIOR TO SUBMISSION - PLEASE PRINT / TYPE**

PERMIT TYPE:  NEW HOME/BLDG  ADDITION  ACCESSORY BLDG

RE ROOF  SIGN  DEMOLISH  RENOVATION  MOVE

SWIMMING POOL  CHANGE OF USE  OTHER \_\_\_\_\_

MANUFACTURED HOME \_\_\_\_\_ Circle One: Block Perimeter or Skirting  
(Name of Home & Year)

COMMERCIAL STRUCTURE USE GROUP \_\_\_\_\_

**OWNER INFORMATION:**

NAME (PLEASE PRINT) \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

JOB LOCATION: CTM# \_\_\_\_\_ 911 ADDRESS \_\_\_\_\_

BRIEF DESCRIPTION OF WORK: \_\_\_\_\_

Building Size: \_\_\_x\_\_\_ Height \_\_\_ Total Sq. ft. \_\_\_ Stories \_\_\_ Type of Construction \_\_\_\_\_

Where appropriate indicate: Current # of Bedrooms \_\_\_ Proposed # of Bedrooms \_\_\_ Proposed # of Bathrooms \_\_\_

Sewer Service:  Public  Septic  Other If Other, Please Specify: \_\_\_\_\_

Water Service:  Public  Well  Other If Other, Please Specify: \_\_\_\_\_

ESTIMATED COST OF CONSTRUCTION: \$ \_\_\_\_\_

CONTRACTOR INFORMATION:  CHECK IF SAME AS APPLICANT

COMPANY NAME \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

VIRGINIA CONTRACTOR LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

ACCOMACK COUNTY BUSINESS LICENSE NO. \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DESIGNATED MECHANICS LIEN AGENT:  NONE DESIGNATED

NAME (PLEASE PRINT) \_\_\_\_\_ PHONE NO. ( ) - \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT IT IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

OWNER  CONTRACTOR  AGENT OR \* IF YOU ARE THE TENANT, OWNER'S SIGNATURE IS REQUIRED, SEE BELOW

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TENANT SIGNATURE \_\_\_\_\_ OWNER \_\_\_\_\_

White: Open BP File (By Name)  Yellow: Zoning Admin.  Pink: Health Dept.  Gold: Assessor

## BASIC ZONING CHECK LIST

### RESIDENTIAL DISTRICT – BUILDING PERMITS

<b>Property Owner's Name</b>	
<b>Address of Property</b>	
<b>Tax Map #</b>	

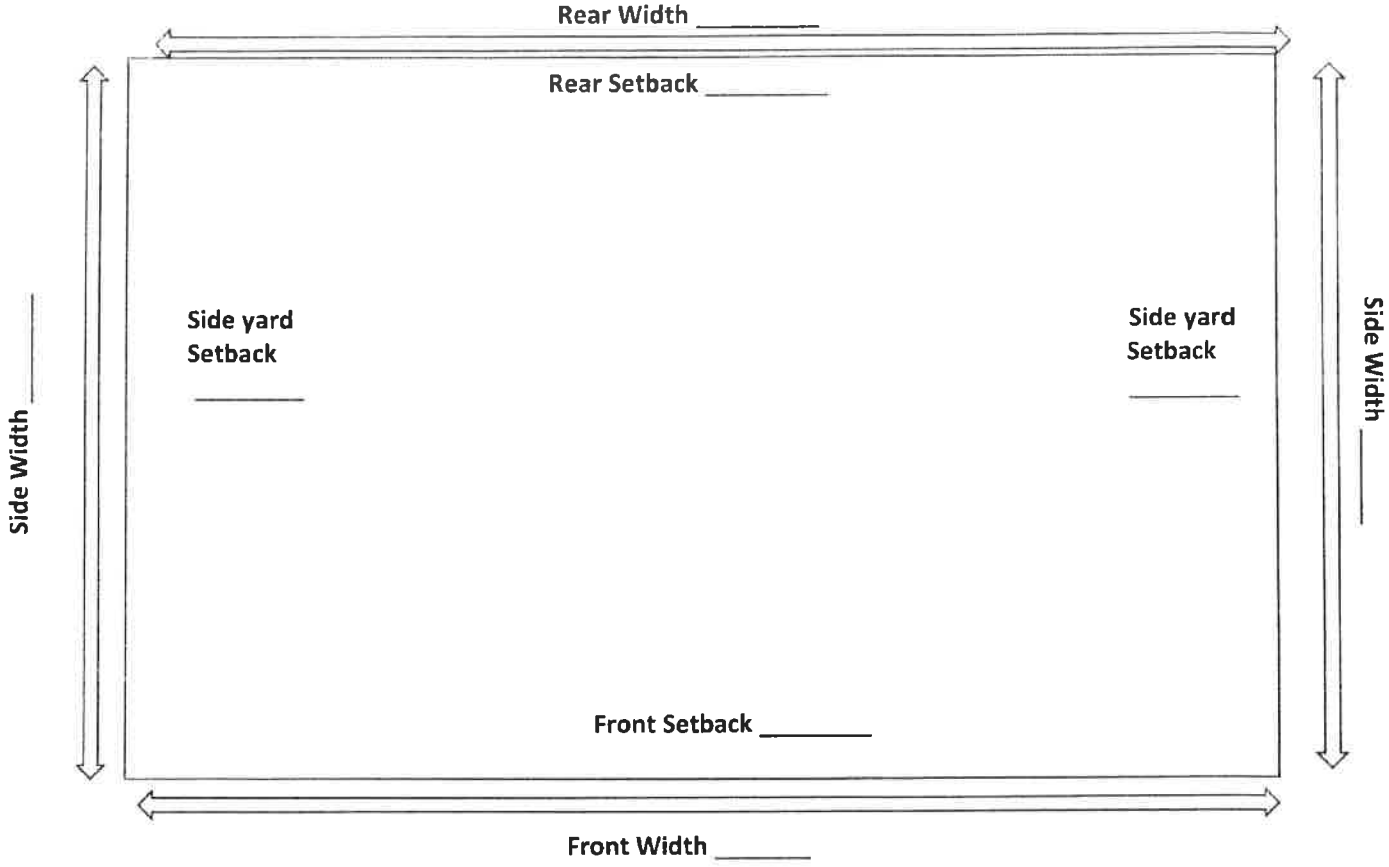
- 1) \_\_\_ Verify zoning district - if zoned Residential, complete rest of form
- 2) \_\_\_ Verify that proposed use is Single Family Residential or accessory use (shed or garage)
- 3) \_\_\_ Site (sketch) Plan submitted? If not, have Applicant prepare and complete Site (sketch) Plan before continuing.
- 4) \_\_\_ Confirm lot size (AccoMap)
  - 20,000 sq. feet minimum with septic & well;
  - 15,000 sq. feet minimum with septic but water service provided by a water system
  - 10,000 sq. feet minimum with sewage system and water service provided by water system
    - If standards above are not met, check with Zoning
- 5) \_\_\_ Front Setback
  - 50' from road right of way or front property line
    - If standard is not met, refer to Zoning
- 6) \_\_\_ Road Frontage
  - 100' of road frontage (lot width) required at front setback line
- 7) \_\_\_ Side Yard Setbacks
  - 2 side yards of 15' min. each for main building
  - 5' min. for accessory structures
- 8) \_\_\_ Rear Yard Setbacks
  - 35' min. for main Building;
  - 5' min. for accessory structures
- 9) \_\_\_ Corner Lots - Setbacks
  - Refer to Zoning
- 10) \_\_\_ Height Restrictions
  - 35' height maximum
    - Accessory buildings within 30' of any lot line shall not exceed 12 feet in height measured at the eave line (where the roof meets the side wall)

\*No accessory buildings are permitted in the front setback area.

ZONING

**SITE PLAN**  
**ACCOMACK COUNTY**  
**BUILDING & ZONING DEPARTMENT**  
COUNTY TAX MAP #

OWNER: \_\_\_\_\_ PHONE: (    ) \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ PROJECT: \_\_\_\_\_



911 Street Address \_\_\_\_\_ Town \_\_\_\_\_  
SUBDIVISION NAME \_\_\_\_\_ LOT # \_\_\_\_\_

**HEALTH DEPARTMENT**

APPROVED  
 NOT APPROVED

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

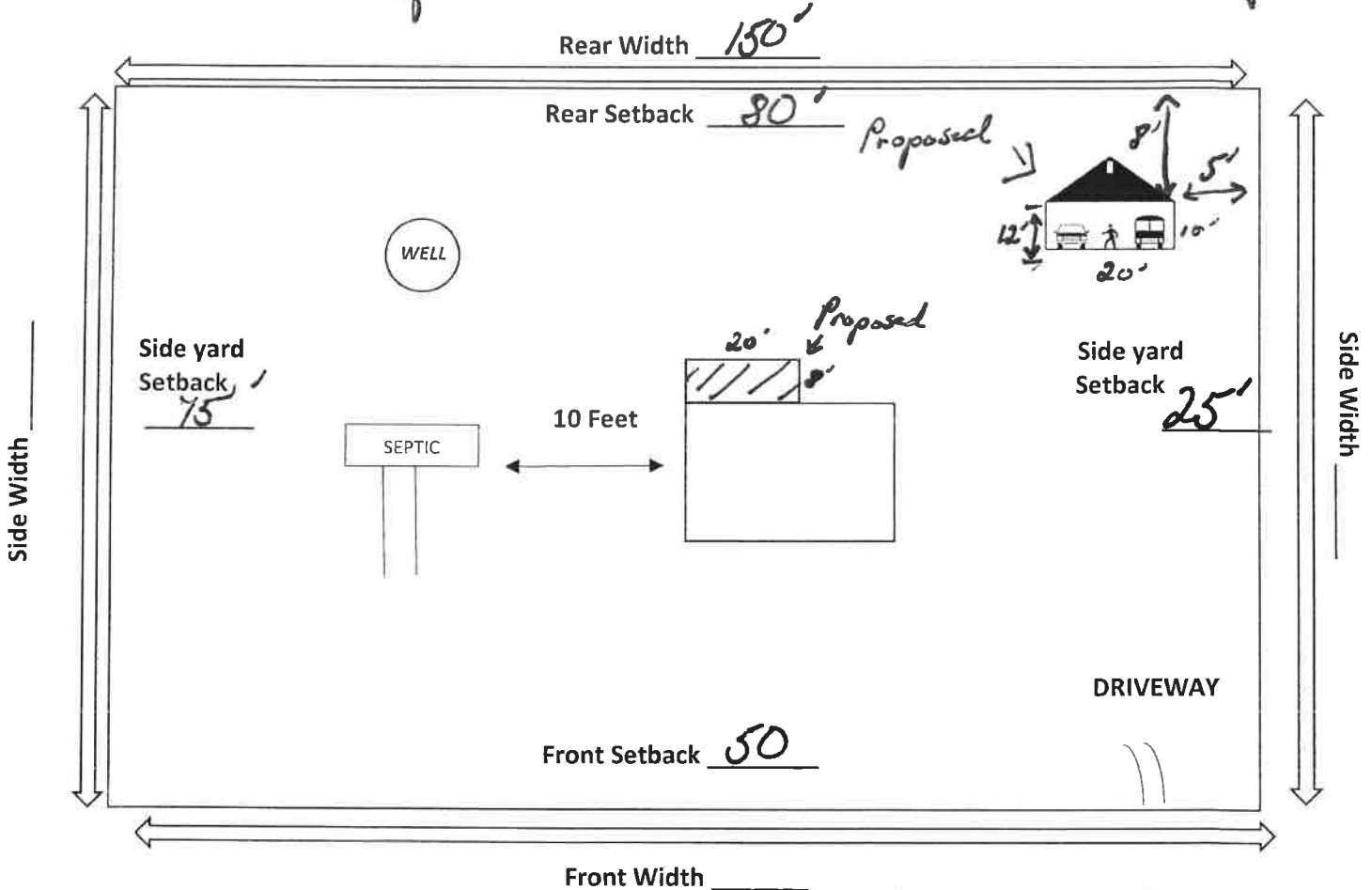
DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

ZONING  
*Res*

**SITE PLAN**  
**ACCOMACK COUNTY**  
**BUILDING & ZONING DEPARTMENT**  
COUNTY TAX MAP #  
*120A - 3 - 100*

**EXAMPLE**

OWNER: *Joe Public* PHONE: *(757) 555-5555*  
MAILING ADDRESS: *P.O. Box 123 Accomack, VA 23421*  
EMAIL ADDRESS: *Joe.P@gmail.com* PROJECT: *Deck addition & Garage*



911 Street Address *123 Drummond town Rd* Town *Locustville*  
SUBDIVISION NAME \_\_\_\_\_ LOT # \_\_\_\_\_

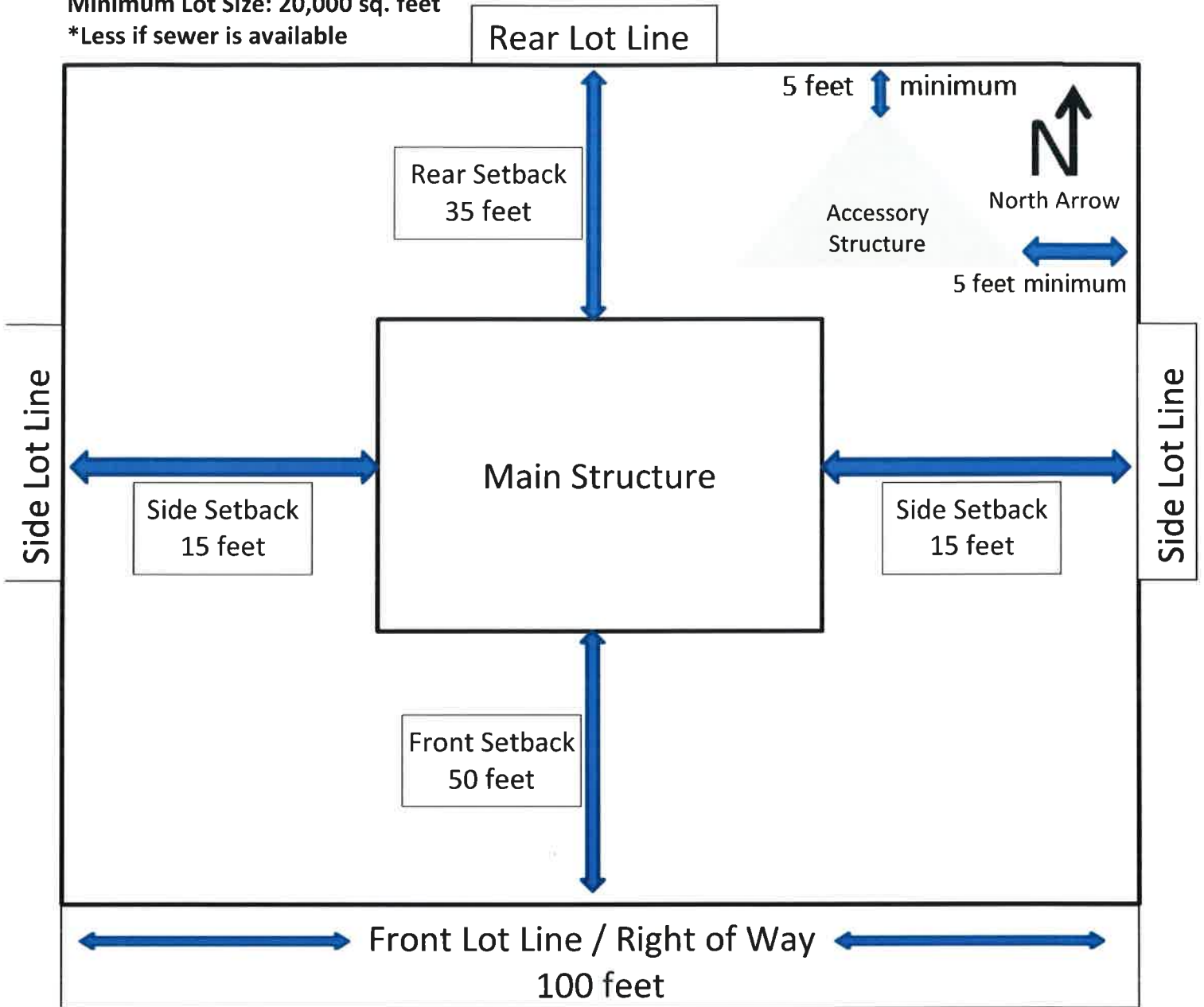
HEALTH DEPARTMENT

APPROVED  
 NOT APPROVED

I CERTIFY THE INFORMATION ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE

DATE: *5/23/17* APPLICANT SIGNATURE: *Joe Public*

Residential Zoning District  
 Minimum Lot Size: 20,000 sq. feet  
 \*Less if sewer is available



Public Road

Main Structure Height	Accessory Structure Height
<p>35 feet</p>	<p>Eave 12 feet</p>



Accomack County  
Department of Building and Zoning  
Post Office Box 93  
23296 Courthouse Ave  
Accomac, VA 23301  
Phone (757) 787-5721  
Fax (757) 787-8948

**REQUIREMENTS FOR PRE-FAB METAL CARPORTS**  
**TRAILERPORTS:**

**Per the Virginia Residential Building Code, this type of building/structure requires footings under EACH support post.**

**Footings shall be 12"x12" and 12" below undisturbed natural soil. It Must be anchored by ½ gal bolt – one in each pier – or by 32" double-disk, anchored from ground to bottom rail between posts.**

**I \_\_\_\_\_, applicant, have read and understand the above requirements, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

**Please initial that a copy of this has been received: \_\_\_\_\_**



# COUNTY OF ACCOMACK

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[www.co.accomack.va.us](http://www.co.accomack.va.us)

**Rich Morrison, Director**

**Mark Bowden, Building Official / Deputy Director**

## Affidavit

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I (name), \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County Tax Map #: \_\_\_\_\_

**Affirm that I own the tract or parcel of land located at:**

- Same as above
- The following address

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County Tax Map #: \_\_\_\_\_

**I/We have applied for a building permit and affirm that I am familiar with the pre-requisites of Section 54.1-1111 of the Code of Virginia and I am not subject to licensure as a contractor or subcontractor.**

**Acknowledged by:** \_\_\_\_\_ (Affiant) in the city or county of \_\_\_\_\_ - Virginia. On the \_\_\_\_ date of \_\_\_\_\_, 20\_\_, in the presence of the undersigned witness \_\_\_\_\_ (Witness).

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**§ 54.1-1111. Prerequisites to obtaining business license; building, etc., permit.**

A. Any person applying to the building inspector or any other authority of a county, city, or town in this Commonwealth, charged with the duty of issuing building or other permits for the construction of any building, highway, sewer, or structure, or any removal, grading or improvement shall furnish prior to the issuance of the permit, either (i) satisfactory proof to such inspector or authority that he is duly licensed or certified under the terms of this chapter to carry out or superintend the same, or (ii) file a written statement, supported by an affidavit, that he is not subject to licensure or certification as a contractor or subcontractor pursuant to this chapter. The applicant shall also furnish satisfactory proof that the taxes or license fees required by any county, city, or town have been paid so as to be qualified to bid upon or contract for the work for which the permit has been applied.

It shall be unlawful for the building inspector or other authority to issue or allow the issuance of such permits unless the applicant has furnished his license or certificate number issued pursuant to this chapter or evidence of being exempt from the provisions of this chapter.

The building inspector, or other such authority, violating the terms of this section shall be guilty of a Class 3 misdemeanor.





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**Rich Morrison, Director**  
**Mark Bowden, Building Official**

## Evidence of Payment of Delinquent Taxes

Effective April 26, 2010, prior to initiation of application for a special exception, special use permit, variance, rezoning, or other land disturbing permit, including building permits and erosion and sediment control permits, the applicant shall provide evidence of payment of any delinquent taxes on the subject property. This is in accordance with the Code of Virginia, Section 15.2-2286(B) and Accomack County Code, Section 106-239.

**Please complete the following request for information and carry to the Accomack County Treasurer's Office for signature and/or evidence of payment of any delinquent taxes:**

Property Owner's Name: \_\_\_\_\_

Subject Property Street Address: \_\_\_\_\_

County Tax/Parcel Number: \_\_\_\_\_

Tax Bill Number, if applicable: \_\_\_\_\_

**Treasurer's Office: (757) 787-5738 or (757) 824-6451**

**Treasurer's Office Use Only**

**Account #** \_\_\_\_\_

I have verified there are no delinquent taxes for the above identified property.

Signed: \_\_\_\_\_, Accomack County Treasurer's Office

Date: \_\_\_\_\_